

DS State Program Standing Committee

October 17, 2019

Oak Conference Room, Waterbury State Office Complex

Attendees

Committee Members: Bethany Drum, Edwin Place, Rachel Colby, Max Barrows, Lyn Ujlaky, Joy Redington, David Ballou, Ellen Malone, Barb Prine, Susan Yuan, Connie Woodberry

Guests: Karen Hussey, Ashleigh Allaire, Josh Bertini, Chuck Medick, Jess Markham, Jessica Moore, Judy Cookson, Sima Breiterman, Tonya Mason, Delaina Norton, Lynne Cleveland Vitzthum, Stanton Eddy, Susan Aichroth, Lee Reilly

State Employees: June Bascom, Kirsten Murphy, Lisa Parro, Clare McFadden, Nicole Marabella, Chris O'Neill, Ellen Booth

Agenda and Meeting Minutes

Introductions were made and the agenda was reviewed. A discussion of the SPSC Co-Chair position to be voted on was added before the Re-Designation for the Howard Center. The DS State Program Standing Committee meeting minutes from September were not available to review.

DDSD Update

Conflict of Interest in Case Management (COI)

The public comment on the Conflict of Interest in case management has ended and DAIL has created a summary of the feedback that was received. This feedback will be used to help the State determine the next steps. (The feedback will be discussed later in the meeting.)

State Staffing

Mike Smith has been appointed as the new Agency of Human Services (AHS) Secretary. He will start on October 28th. Martha Maksym, who has been the acting AHS Secretary, will move back to her position as AHS Deputy Secretary; and Monica Hutt will move back to her position as DAIL Commissioner.

Camille George will be retiring in December. A new Deputy Commissioner will need to be appointed by the Governor.

DS Payment Reform

Nothing major has happened since the report from the last meeting. Work continues to determine what the next payment model will be; a proposal from VCP and a couple other models are being considered. The SPSC, GMSA, and DD Council will be asked for ideas on the best way to obtain public input about possible models. The timeframe for this has not yet been set but should occur in the not too distant future.

A decision about who will conduct the Needs Assessments (State staff or contractors) still needs to be made. The State will make a decision on this soon. Negotiations continue with the vendor about the needs assessment tool.

Currently the designated agencies provide monthly services reports to the State by providing information from their system about services delivered for each person. Due to multiple reasons, there are gaps in this system and the State has no reliable system to show what services are being delivered. Instead of trying to fix a broken system, a new method of reporting has been created. The Medicaid Management Information System (MMIS), the same system that is used to submit bills for payment from Medicaid, has been configured to accept the monthly reporting from the agencies. The agencies will need to change their business process to start reporting this information into the MMIS system. There will be some work on the agencies' part to make this change. Agencies need to make some software changes to allow for data to be reported. Staff will have to change how they collect information for reporting. The biggest impact will be for the case managers, who will have to track their activities much more closely. In the fee for service world, each bill would need to have a note to backup each service; the State is not asking for this. The State is asking the agencies to document the things that are in the Individual Support Agreement (ISA), the same guidelines as before.

Encounter data is the term we are using for information the agencies must report regarding what services are provided to each individual. The State has identified the codes the agencies will use to provide the encounter data and guidelines for how to use those codes is being developed. A draft of this information will be available soon for the agencies to review. The MMIS system is ready to receive this information. The agencies were asked to let the State know what assistance they will need to be able to report. While the funding may not be exactly what each agency needs, the State has some funding to assist the agencies.

At some point, the State will pick a date by which all agencies should be fully reporting in the new system. The State will review the data to be sure it looks accurate and provide support where needed. Looking at the volume of services provided to people will help in designing the payment model, specifically service amounts and funding. Utilization rates will impact the state's ability to adjust payment rates. In the future, once the payment model is decided, the delivery of services will impact the funding to the agencies.

A final decision about uniform rates for all service categories throughout the state has not yet been made, but the State is leaning on having uniform rates.

The targets dates have been set, and it is expected to have a new payment model in place by 1/1/21; however, some of the pieces to get there are taking more work and longer than expected. The State is working to meet the targets but will not arbitrarily rush things just to hit the target dates, as they want to ensure it is done correctly.

SPSC Co-Chair Position

SPSC Operating Procedures (in part):

The Committee has two Co-Chairs. At least one of the Co-Chairs is a Recipient or an Advocate. The Co-Chairs are elected by the Committee in October and serve for two (2) years. Co-Chairs may be re-elected by the Committee for one (1) additional term making their total term in office a maximum of four (4) years. A Co-Chair may continue to serve in office beyond a term until a new Co-Chair is elected.

The election of co-chairs is staggered so that the terms do not end at the same time.

David Ballou and Joy Redington requested consideration of the Co-Chair position that David is currently holding. The SPSC voted Joy as the new co-chair.

Howard Center Re-Designation

There was only one deficiency noted in the Howard Center report. The Governance deficiency is the same deficiency as seen in other designations. It is a clause that was pointed out by Department of Mental Health (DMH) legal team, and DAIL legal team concurred, that should be included in the agency bylaws. Howard Center's legal department has spoken with the State's legal team and the change is in process.

4.9 Report notes that there was a need for more clarification, which has all been cleared up now. It is yes now. Error on Chris' part, he neglected to update the final report.

GMSA reports that Howard Center supports 3 of their staff to work closely with GMSA and other disability rights groups to focus on cultural competence. They are major contributors to leading how GMSA can provide support to people from all cultural backgrounds. They have strengthened their involvement with GMSA over the past 5 years or so. Staff from Howard always take the time to promote events and support people with intellectual and developmental disorders (IDD) to participate. They are also helpful in explaining things to self-advocates.

Delaina stated that the Quality Service Review is a welcoming experience throughout the process. There was extensive time, it was cohesive, the reviews were done in a coordinated way, and staff and families' interviews were done in a way where they were able to share experiences. Chris O'Neill has been leading their quality services team and that has been very helpful.

Some information given by Howard Center staff about the programs at the Howard Center: Howard Center's Supported Employment program supports over 200 individuals in the program and 81% of the individuals being employed. The Project Search program, transition to work program, ended in June this year and 7 out of the 8 people in the program have been offered employment at this time. For several years Howard has been hiring staff and program managers who are bilingual, and they have been developing materials and trainings. Classes provided for new Americans have been very popular, with about 20+ people in each class for the past 5 years. There is an interpretation room where individuals can access interpreters, as well as a phone application that is in place for meetings. There is a growing number of parents with disabilities, with a small group working on the needs of 30 parents currently. Howard has been focusing on how to better address things for parents and look at what needs are not being provided. As a system, they recognize that hiring staff is an issue that needs to be addressed; for example, Howard Center had 1 applicant for several positions that were opened. Service Coordinators help fill in when there are call-outs. They provide person-centered services, and their outcomes are noteworthy. Howard is proud to say that the DS crisis team has the knowledge and skill base across the board, not just for mental health, which has benefited the entire county. Howard has a communication committee with 6 of them just finishing weekly meetings/trainings for assistive technology. Howard provides DBT (Dialectical Behavioral) therapy groups; they have a successful skills curriculum to help regulate emotions and provide graduate groups and counseling groups for people with anxiety. If a family is having a problem finding a worker, Howard will assist them. There is a lot of cross training with the mental health program. A fairly new agency wide program is the wellness program. A grant with medical students has just been received which will hopefully support the wellness things that people being served will find helpful (ex: walking, cooking, etc.)

The SPSC members liked using this format for re-designation as they had a chance to hear the real things from the agency and ask real questions.

The SPSC voted to recommend to the DAIL Commissioner that Howard Center be re-designated.

Conflict of Interest (COI) in Case Management

- 6 public input forums were held around the state where the options to address conflict of interest case management were presented. Individuals, families, advocacy organization representatives, providers, including direct support staff attended with approximately 325 people attended a forum or meeting;
- A webinar of the options presentation was posted online;
- Options to address COI were presented at meetings with Green Mountain Self-Advocates (GMSA) and the DD Council (Venues where individuals may feel more comfortable to give feedback);
- The options were also presented at DAIL Advisory Board and the DS State Program Standing Committee;

- Input was requested on 4 options for the structure of case management and 7 strategies for reducing conflicts. Feedback was collected at the forums, through Survey Monkey, and through copies that were sent through the mail, and through e-mail.

The State compiled all of the information collected from people and a copy of this compilation was distributed. The DD Council held a special meeting to go over the COI presentation and give feedback and they provided very thorough feedback. Some of this feedback is incorporated in the compilation, but some things did not fit into this format. DAIL will post the DD Council feedback, as well as the feedback from GMSA and other group feedback that was compiled on the website. dvha.vermont.gov/global-commitment-to-health/conflict-of-interest-home-and-community-based-services

Susan has a lot of data on peer navigation, more than just DS services, if needed. Vermont Federation for Families has also developed additional training information and certification. www.vffcmh.org

Phase III - The next step is for the State to review the feedback and develop a plan on how it should move forward based upon this feedback and bring the drafted plan statewide to get feedback on it. This will be the third opportunity for people to give feedback before a plan is submitted to Centers for Medicare and Medicaid Services (CMS.) Before a draft is written, the top two or three ideas will be brought to the SPSC for input.

Next Steps:

- State to review all feedback
- Make decision soon about who will conduct needs assessments
- State to talk to federal funders (CMS) to get direction on feasible options
 - Want to get some feedback from CMS to ensure direction heading is something that they are likely to approve; don't want to head in a direction where CMS will deny it.
- Draft proposal for structure of case management of VT
- Phase III will be to get stakeholder feedback on proposal
- Submit proposal for approval to CMS
- Implement approved plan

The timeframe for step III is unknown. The State needs to have a discussion with CMS to find out if the State submitting a plan to CMS is acceptable, and/or if CMS will have a date by which they want the state in compliance.

GMSA, DS Director, VT Care Partners, DD Council Updates

GMSA's 25th Annual Gala will be held on October 23rd at the Capitol Plaza. Tickets have to be ordered by 11:00 a.m. tomorrow.

Max was appointed to the Vermont Agency of Education Ethnic and Social Equity Standards Working Group to put together standards for each grade on cultural competence to ensure that what children study in school is not just about white people and their history. The group will make sure they cover what is important to people of color and other identity groups.

November 20 – 22, there will be 3 or 4 showings of a movie about the importance of support work professionals and putting value on this job title. They are hoping it will show on the 20th at the Main Street Landing for the Performing Arts in Burlington and will be working on locations in Rutland and Bennington.

Staff changes at the designated agencies: Jennifer Stratton, DS Director at Lamoille County Mental Health (LCMH), has taken a position as Chief Operations Officer (COO) and leaving her DS director position. Sharon Ryan is the new DS Director at Northeast Kingdom Human Service (NKHS.) Bill Ashe will be retiring in June 2020.

The DD Council is collaborating with the Vermont Storylab on a workshop for self-advocates about how to tell their story. A workshop was held last week in Burlington, and one will be held next Tuesday at GMSA, in Brattleboro the following Tuesday. The DD Council Facebook page has the details. This is part of a bigger project about helping people tell their stories.

<https://ddc.vermont.gov/news/come-free-story-telling-workshop>

A new electronic medical records (EMR) system has just been launched for some of the designated agencies. Other agencies will have new EMRs in 2020. It has taken a lot of work and focus but hope it will help the providers get ready for reporting encounter data for the DS Payment Reform. The designated agencies had an electronic health record (HER) or electronic medical record (EMR) system, but this system is more challenging to use. The new systems should be an improvement. A client portal will be added soon. Everyone is interested to find out how this will affect individuals.

Bill Ashe did a podcast last week, The Education of Bill Ashe, about how he got involved in developmental services and his perspectives. It provides a history of how individuals with DD have been served over the years. <http://firstpersonservices.com/443-2/>

DS SPSC Updates, Public Comments, Agenda Items for Next Meeting

David attended a United Counseling Service (UCS) annual fundraiser, barn sale/antique show, which raised about \$50,000.

Max participated in the Special Olympics. His team was the only team that had only people with disabilities on it. They competed in all unified competitions and placed 3rd in softball.

Agenda item for November – Employment: Brainstorm ideas as a state for incentives about how to retain people.